WILLOWFIELD NURSING & REHABILITATION CENTER

905 EAST GENEVA STREET

DELAVAN 53115 Phone: (262) 728-6319 Ownership: Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): Total Licensed Bed Capacity (12/31/02): Title 19 (Medicaid) Certified? 61 Yes Number of Residents on 12/31/02: 57 Average Daily Census: 58

Services Provided to Non-Resident	Age, Sex, and Primary Diagn	Length of Stay (12/31/02)							
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year			
Supp. Home Care-Household Service		•		•			12.3		
Day Services	No	· ·		65 - 74					
Respite Care	Yes	Mental Illness (Other)	0.0	75 - 84	36.8		100.0		
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	29.8	*********	******		
Adult Day Health Care No		Para-, Quadra-, Hemiplegic 0.0 95 & Over 5.3 Full-Time				Full-Time Equivalen	ime Equivalent		
Congregate Meals No		Cancer	3.5			Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	24.6		100.0	(12/31/02)			
Other Meals	No	Cardiovascular	17.5	65 & Over	89.5				
Transportation	No	Cerebrovascular	7.0			RNs	12.8		
Referral Service	No	Diabetes	3.5	Sex	용	LPNs	11.6		
Other Services	Yes	Respiratory	8.8			Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	33.3	Male	38.6	Aides, & Orderlies	36.9		
Mentally Ill	No			Female	61.4	1			
Provide Day Programming for			100.0						
Developmentally Disabled	No				100.0				

Method of Reimbursement

		edicare			edicaid itle 19			Other			Private Pay	:		amily Care		I	Managed Care			
Level of Care	No.	90	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	%	Per Diem (\$)	No.	90	Per Diem (\$)	No.	00	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	15	100.0	265	25	89.3	110	1	100.0	142	12	100.0	181	0	0.0	0	1	100.0	371	54	94.7
Intermediate				3	10.7	92	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	5.3
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	15	100.0		28	100.0		1	100.0		12	100.0		0	0.0		1	100.0		57	100.0

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services,	and Activities as of 12/	31/02
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	양	As	sistance of	% Totally	Number of
Private Home/No Home Health	3.5	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	10.5		70.2	19.3	57
Other Nursing Homes	0.0	Dressing	15.8		61.4	22.8	57
Acute Care Hospitals	94.2	Transferring	15.8			15.8	57
Psych. HospMR/DD Facilities	0.0		10.5			17.5	57
Rehabilitation Hospitals	0.0	Eating	78.9		5.3	15.8	57
Other Locations	2.3	* * * * * * * * * * * * * * * * * * *	*****	*****	*****	*********	******
Total Number of Admissions	173	Continence		용	Special Treat	ments	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	3.5	Receiving R	espiratory Care	15.8
Private Home/No Home Health	47.9	Occ/Freq. Incontinen	t of Bladder	49.1	Receiving T	racheostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinen	t of Bowel	31.6	Receiving S	uctioning	0.0
Other Nursing Homes	9.0				Receiving O	stomy Care	0.0
Acute Care Hospitals	8.4	Mobility			Receiving T	ube Feeding	7.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	1.8	Receiving M	echanically Altered Diets	22.8
Rehabilitation Hospitals	0.0						
Other Locations	3.6	Skin Care			Other Residen	t Characteristics	
Deaths	31.1	With Pressure Sores		15.8	Have Advanc	e Directives	100.0
Total Number of Discharges		With Rashes		7.0	Medications		
(Including Deaths)	167				Receiving P	sychoactive Drugs	61.4

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

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		Owne	ership:	Bed	Size:	Lic	ensure:				
	This	Pro	Proprietary Peer Group		-99	Ski	lled	Al	1		
	Facility	Peer			Group	Peer Group		Faci	lities		
	90	%	Ratio	90	Ratio	%	Ratio	90	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	95.1	85.1	1.12	88.5	1.07	86.7	1.10	85.1	1.12		
Current Residents from In-County	73.7	75.4	0.98	72.5	1.02	69.3	1.06	76.6	0.96		
Admissions from In-County, Still Residing	15.6	20.1	0.78	19.5	0.80	22.5	0.70	20.3	0.77		
Admissions/Average Daily Census	298.3	138.3	2.16	125.4	2.38	102.9	2.90	133.4	2.24		
Discharges/Average Daily Census	287.9	139.7	2.06	127.2	2.26	105.2	2.74	135.3	2.13		
Discharges To Private Residence/Average Daily Census	137.9	57.6	2.39	50.7	2.72	40.9	3.37	56.6	2.44		
Residents Receiving Skilled Care	94.7	94.3	1.00	92.9	1.02	91.6	1.03	86.3	1.10		
Residents Aged 65 and Older	89.5	95.0	0.94	94.8	0.94	93.6	0.96	87.7	1.02		
Title 19 (Medicaid) Funded Residents	49.1	64.9	0.76	66.8	0.74	69.0	0.71	67.5	0.73		
Private Pay Funded Residents	21.1	20.4	1.03	22.7	0.93	21.2	0.99	21.0	1.00		
Developmentally Disabled Residents	0.0	0.8	0.00	0.6	0.00	0.6	0.00	7.1	0.00		
Mentally Ill Residents	1.8	30.3	0.06	36.5	0.05	37.8	0.05	33.3	0.05		
General Medical Service Residents	33.3	23.6	1.41	21.6	1.54	22.3	1.49	20.5	1.63		
Impaired ADL (Mean)	46.7	48.6	0.96	48.0	0.97	47.5	0.98	49.3	0.95		
Psychological Problems	61.4	55.2	1.11	59.4	1.03	56.9	1.08	54.0	1.14		
Nursing Care Required (Mean)	8.6	6.6	1.29	6.3	1.37	6.8	1.26	7.2	1.19		